

PATENT

Attorney's Docket No. _____

COMBINED DECLARATION AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:**TYPE OF DECLARATION**This declaration is of the following type: (*check one applicable item below*)

original
 design
 supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

national stage of PCT

NOTE: If one of the following 3 items apply then complete and also attach

ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

divisional
 continuation
 continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

A device for preventing axial movement

SPECIFICATION IDENTIFICATION

the specification of which: (*complete (a), (b) or (c)*)

- (a) is attached hereto.
- (b) was filed on October 22, 2004 as Serial No. PCT/SE2004/01532.
- (c) was filed as Express Mail No. _____,
dated _____ as Serial No. not yet known

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 C.F.R. 1.67.

- (c) was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____ (*if any*).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56.

- and which is material to the examination of this application, namely, information where there is a substantial likelihood

(*complete (d) or (e)*)

- (d) no such applications have been filed.
- (e) such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS

**(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119(a)-(d)**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (<i>day, month, year</i>)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
Sweden	0302841-2	29 October, 2003	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
USA	60/523,612	19 November, 2003	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(34 U.S.C. §119(e))

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER _____ **FILING DATE** _____

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. §120.

POWER OF ATTORNEY

I hereby revoke all previous Powers of Attorney given in the above-identified application.

I/we hereby appoint the practitioners associated with Customer Number **28249** as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to the address associated with Customer No. **28249**.

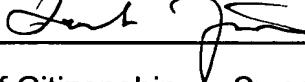
DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE (S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of **sole or first inventor** JÖNSSON, Lennart

Inventor's signature 

Date 14/3 2006 Country of Citizenship Sweden

Residence and Post Office Address: Ägovägen 7

SE-244 66 FURULUND

Sweden

Full name of **second inventor** _____

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence and Post Office Address: _____

Full name of **third inventor** _____

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence and Post Office Address: _____

Full name of **fourth inventor** _____

Inventor's signature _____

Date _____ Country of Citizenship _____

Residence and Post Office Address: _____

**CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING
ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION**

Signature for subsequent joint inventors. Number of pages added _____

Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added _____

Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 C.F.R. §1.47. Number of pages added _____

Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.

Number of pages added _____

Authorization of attorney(s) to accept and follow instructions from representative.

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item.

This declaration ends with this page.